

APPLICATION FORM

ORGANIZATION DETAILS			
NAME OF ORGANIZATION			
ADDRESS			
DATE ESTABLISHED			
REPRESENTATIVE'S NAME			
DESIGNATION			
CONTACT NUMBER/S			
INITIAL # OF MEMBERS (UPON ESTABLISHMENT)	CURRENT # OF MEMBERS (UP TO DATE)		
FINANCIAL BACKGROUND			
INITIAL CAPITAL (IN PHP)	CURRENT CAPITAL (IN PHP)		
CURRENT AMOUNT OF ASSETS (IN PHP)	CURRENT AMOUNT OF ASSETS (IN PHP)		
LIST OF ASSETS			
PROGRAMS AND INITIATIVES PROGRAMS AND SERVICES OFFERED TO MEMBERS			



INITIATIVES IN THE COMMUNITY (E.G. OUTREACH PROGRAMS)			
		-,	
NARRATIVE	NOTE UD ON THE	FOLLOWING OUTSTONS	
NOTE: PLEASE WRITE/PRINT YOUR BRIEF ON A SEPARATE SHEET OF PAPER.	WRITE-UP ON THE	FULLOWING QUESTIONS	
1) IN FIVE SENTENCES, HOW DOES YO	UR ORGANIZATION	HELP IN ALLEVIATING	
THE POVERTY IN YOUR COMMUNITY			
2) IN FIVE SENTENCES, WHAT MAKES	YOUR ORGANIZATI	ON STAND OUT?	
CERTIFICATION AND LIABILITY WAIVER			
By signing this form, I hereby certify that the above i my knowledge.	nformation given are tr	ue and correct as to the best of	
This is also to give permission for the free use of my recorded by Villar Foundation for any medium of this participate, I for myself and colleagues, release fore against Villar Foundation, sponsors, volunteers and	event. In consideration wer any and all rights to	n of being permitted to o claims/damages I may have	
And lastly, by signing this form, I have carefully read directives set or to be set by the Villar Foundation for Reduction Challenge 2024.			
-	Signature above	 Date	
	printed name	Dato	

REQUIREMENTS:

- 1) Accomplished application form with write-up
- 2) Bank account details (Organization Account Name, Account Number, Bank and Branch)
- 3) Hi-res organization's logo
- 4) Two (2) hi-res still or action photos of the group

Deadline of submission : July 2024.

- * Entries may be submitted to villarawards@gmail.com on or before the deadline.

 * Only organizations with complete requirements shall be qualified to the competition.